True Decisions Inc.

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Fax Number:

Case Number:	Date of Notice: 11/13/2015
case manner.	Date of Motice:

Review Outcome:

Phone Number:

(512) 298-4786

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesology

Description of the service or services in dispute:

Outpatient lumbar epidural steroid injection (ESI) L3-L4

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

\checkmark	Upheld (Agree)
	Overturned (Disagree)
	Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a XX year old female whose date of injury is XX/XX/XX. On this date she was cleaning blinds and windows when a client attacked the patient and her head hit the wall. She is status post PLIF at L4-5 in 1998 with revision in 2001. Office visit note dated 04/29/15 indicates that the patient rates pain as 6/10. Symptoms are located in the low back with radiation to the left lower leg and right lower leg. Follow up note dated 06/25/15 indicates that pain is 6/10. Current medications include morphine sulfate, Robaxin, amitriptyline, MS Contin, Miralax, Mobic, Prevacid, Aspirin, Bentyl, Compazine, Lotrel, nitroglycerin, ropinirole, donnatal, tessalon, metoprolol, pravastatin and nitrostat. Office visit note dated 08/25/15 indicates that pain is 4/10. The lumbosacral epidural steroid injection in October 2014 provided 70% relief for about 2-3 months, but the lumbosacral epidural steroid injection in February 2015 provided only about 30% relief. On physical There is evidence of stocking or glove sensory loss in the bilateral lower extremities. Deep tendon reflexes are 1+ bilateral knees. There is decreased sensation noted at the left lower extremity. Straight leg raising is positive on the left. examination she has pain radiating down the left leg following an L5 pattern into the left hip and down the anterior aspect of the left leg through the knee and down through the shin and calf in an L5 pattern.

The initial request for lumbar epidural steroid injection L3-4 was non-certified on 09/11/15 noting the lack of documentation concerning duration of response following the most recent epidural steroid injection and lack of documentation concerning functional improvement. The denial was upheld on appeal dated 09/30/15.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to

support the decision.

The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. There are no imaging studies/electrodiagnostic results submitted for review. The Official Disability Guidelines require documentation of at least 50% pain relief for at least 6 weeks prior to repeat epidural steroid injection. The patient's most recent epidural steroid injection provided only 30% relief. There is no documentation of any recent active treatment. As such, it is the opinion of the reviewer that the request for outpatient lumbar epidural steroid injection L3-4 is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

	ACOEM-America College of Occupational and Environmental Medicine um
	knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
	DWC-Division of Workers Compensation Policies and
	Guidelines European Guidelines for Management of Chronic
	Low Back Pain Interqual Criteria
√	Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
	standards Mercy Center Consensus Conference Guidelines
	Milliman Care Guidelines
√	ODG-Official Disability Guidelines and Treatment
	Guidelines Pressley Reed, the Medical Disability Advisor
	Texas Guidelines for Chiropractic Quality Assurance and Practice
	Parameters Texas TACADA Guidelines
	TMF Screening Criteria Manual
	Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
	Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)